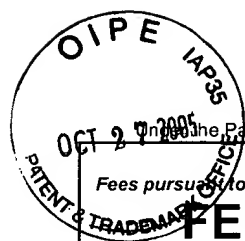


PTO/SB/21 (09-04)

Approved for use through 7/31/2006

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM		Application Number																																		
(to be used for all correspondence after initial filing)		09/941,154																																		
		Filing Date																																		
		August 27, 2001																																		
		First Named Inventor																																		
		Bianchi, John R., et al.																																		
Art Unit		3738																																		
Examiner Name		Paul B. Prebilic																																		
Attorney Docket Number		RTI 112R IA/ 1915-13980US03																																		
Total Number of Pages in This Submission		5																																		
ENCLOSURES (check all that apply)																																				
<table border="1"><tbody><tr><td><input checked="" type="checkbox"/> Fee Transmittal Form</td><td><input type="checkbox"/> Drawing(s)</td><td><input type="checkbox"/> After Allowance Communication to TC</td></tr><tr><td><input type="checkbox"/> Fee Attached</td><td><input type="checkbox"/> Licensing-related Papers</td><td><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</td></tr><tr><td><input type="checkbox"/> Amendment/Reply</td><td><input type="checkbox"/> Petition</td><td><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)</td></tr><tr><td><input type="checkbox"/> After Final</td><td><input checked="" type="checkbox"/> Response To Restriction Under 35 U.S.C. § 121</td><td><input type="checkbox"/> Proprietary Information</td></tr><tr><td><input type="checkbox"/> Affidavits/declaration(s)</td><td><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address</td><td><input type="checkbox"/> Status Letter</td></tr><tr><td><input checked="" type="checkbox"/> Extension of Time Request – 2 months</td><td><input type="checkbox"/> Terminal Disclaimer</td><td><input checked="" type="checkbox"/> Return-Receipt Postcard</td></tr><tr><td><input type="checkbox"/> Express Abandonment Request</td><td><input type="checkbox"/> Request for Refund</td><td><input type="checkbox"/> Other Enclosure(s) (please identify below):</td></tr><tr><td><input type="checkbox"/> Information Disclosure Statement</td><td><input type="checkbox"/> CD Number of CD(s) _____</td><td></td></tr><tr><td><input type="checkbox"/> Certified Copy of Priority Document(s)</td><td><input type="checkbox"/> Landscape Table on CD</td><td></td></tr><tr><td><input type="checkbox"/> Reply to Missing Parts/Incomplete Application</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53</td><td></td><td></td></tr></tbody></table>				<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	<input type="checkbox"/> After Final	<input checked="" type="checkbox"/> Response To Restriction Under 35 U.S.C. § 121	<input type="checkbox"/> Proprietary Information	<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter	<input checked="" type="checkbox"/> Extension of Time Request – 2 months	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Return-Receipt Postcard	<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) (please identify below):	<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD Number of CD(s) _____		<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> Reply to Missing Parts/Incomplete Application			<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC																																		
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences																																		
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)																																		
<input type="checkbox"/> After Final	<input checked="" type="checkbox"/> Response To Restriction Under 35 U.S.C. § 121	<input type="checkbox"/> Proprietary Information																																		
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter																																		
<input checked="" type="checkbox"/> Extension of Time Request – 2 months	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Return-Receipt Postcard																																		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) (please identify below):																																		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD Number of CD(s) _____																																			
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD																																			
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application																																				
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53																																				
Remarks																																				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT																																				
Firm	McAndrews Held & Malloy, Ltd.																																			
Signature																																				
Printed Name	Donald J. Pochopien, Reg. No. 32,167																																			
Date	October 25, 2005																																			
CERTIFICATE OF MAILING																																				
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 10/25/2005																																				
Name (Print/type)	Donald J. Pochopien	Registration No. (Attorney/Agent)	32,167																																	
Signature		Date	10/25/2005																																	



GP 3738
PTO/SB/17 (12-04)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.
Effective on 12/08/2004.
Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

Complete if Known	
Application Number	09/941,154
Filing Date	August 27, 2001
First Named Inventor	Bianchi, John R., et al.
Examiner Name	Paul B. Preblich
Art Unit	3738
Attorney Docket No.	RTI 112R IA/1915-13980US03

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 450.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below ☐ Charge Fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fees(s) ☒ Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

<u>Fee Description</u>	<u>Fee(\$)</u>	<u>Fee(\$)</u>
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>
<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
<u>Fee</u>	<u>Fee Paid (\$)</u>	
-20 or HP	x	=
HP = highest number of total claims paid for, if greater than 20		
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>
<u>Fee Paid (\$)</u>		
-3 or HP	x	=
HP = highest number of independent claims paid for, if greater than 3		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
-100	/50	(round up to a whole number) x		

4. OTHER FEE(S)

	Fee Paid(\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other: Request For Two Month Extension Of Time	450.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	32,167	Telephone	(312)775-8000
Name (print/type)	Donald J. Pochopien			Date	10/25/2005